

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>3,647,933.52</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,647,933.52</b>
<b>YTD Amount:</b>	\$	<b>29,958,889.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>9,983.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>1,315.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>8,668.78</b>
<b>YTD Amount:</b>	\$	<b>71,469.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>129,377.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>62,026.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,350.72</b>
<b>YTD Amount:</b>	\$	<b>566,305.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00938334
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>834,948.13</b>
<b>County Medical Services Program Offset</b>	\$	<b>595,059.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>239,888.83</b>
<b>YTD Amount:</b>	\$	<b>2,096,585.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>133,028.05</b>
<b>County Medical Services Program Offset</b>	\$	<b>91,395.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>41,632.15</b>
<b>YTD Amount:</b>	\$	<b>361,336.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00118559
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>105,496.14</b>
<b>County Medical Services Program Offset</b>	\$	<b>79,998.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>25,497.34</b>
<b>YTD Amount:</b>	\$	<b>226,400.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.02081557
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,852,210.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,852,210.53</b>
<b>YTD Amount:</b>	\$	<b>15,211,394.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>124,728.70</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,135.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>46,592.90</b>
<b>YTD Amount:</b>	\$	<b>399,256.11</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00542727
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>482,929.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>353,528.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>129,400.40</b>
<b>YTD Amount:</b>	\$	<b>1,137,851.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.02542399
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>2,262,276.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,262,276.84</b>
<b>YTD Amount:</b>	\$	<b>18,579,087.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00134476
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>119,659.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>78,793.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>40,866.10</b>
<b>YTD Amount:</b>	\$	<b>352,361.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00944552
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>840,481.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>688,318.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>152,162.82</b>
<b>YTD Amount:</b>	\$	<b>1,448,584.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**IMPERIAL COUNTY TREASURER**  
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>832,848.15</b>
<b>County Medical Services Program Offset</b>	\$	<b>639,442.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>193,405.95</b>
<b>YTD Amount:</b>	\$	<b>1,724,281.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	162,732.91
County Medical Services Program Offset	\$	110,025.70
<u>Net Claim / Payment Amount</u>	\$	52,707.21
YTD Amount:	\$	456,248.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01731625
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,540,834.13</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,540,834.13</b>
<b>YTD Amount:</b>	\$	<b>12,654,204.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>415,100.02</b>
<b>County Medical Services Program Offset</b>	\$	<b>283,283.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>131,816.72</b>
<b>YTD Amount:</b>	\$	<b>1,142,769.24</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00205164
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	182,558.98
County Medical Services Program Offset	\$	102,296.30
<u>Net Claim / Payment Amount</u>	\$	80,262.68
YTD Amount:	\$	680,912.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>130,807.06</b>
<b>County Medical Services Program Offset</b>	\$	<b>68,711.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>62,095.76</b>
<b>YTD Amount:</b>	\$	<b>524,568.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.32827793
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>29,210,818.59</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,210,818.59</b>
<b>YTD Amount:</b>	\$	<b>239,895,695.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00459604
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	408,964.72
County Medical Services Program Offset	\$	288,214.70
<u>Net Claim / Payment Amount</u>	\$	120,750.02
YTD Amount:	\$	1,052,934.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected: \$132,724,083.53 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$88,981,975.05 County/City Ratio: 0.01088548  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>968,611.51</b>
<b>County Medical Services Program Offset</b>	\$	<b>772,590.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>196,020.61</b>
<b>YTD Amount:</b>	\$	<b>1,793,381.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected: \$132,724,083.53 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$88,981,975.05 County/City Ratio: 0.00078332  
County Medical Services Program Offset Ratio: 0.10000000

<b>Gross Claim</b>	\$	<b>69,701.36</b>
<b>County Medical Services Program Offset</b>	\$	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>26,195.16</b>
<b>YTD Amount:</b>	\$	<b>224,377.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	263,966.81
County Medical Services Program Offset	\$	165,499.90
<u>Net Claim / Payment Amount</u>	\$	98,466.91
YTD Amount:	\$	843,842.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>510,320.53</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>510,320.53</b>
<b>YTD Amount:</b>	\$	<b>4,191,040.17</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>76,876.87</b>
<b>County Medical Services Program Offset</b>	\$	<b>46,903.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,973.47</b>
<b>YTD Amount:</b>	\$	<b>256,131.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00123310
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>109,723.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>36,930.90</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,792.77</b>
<b>YTD Amount:</b>	\$	<b>605,659.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00843637
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	750,684.86
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	750,684.86
YTD Amount:	\$	6,165,042.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00458913
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>408,349.85</b>
<b>County Medical Services Program Offset</b>	\$	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	\$	<b>102,053.15</b>
<b>YTD Amount:</b>	\$	<b>903,230.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00291055
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>258,986.49</b>
<b>County Medical Services Program Offset</b>	\$	<b>186,079.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,907.19</b>
<b>YTD Amount:</b>	\$	<b>638,314.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

Total amount collected: \$132,724,083.53 Percentage of collection: 0.67042825  
Gross monthly apportionment: \$88,981,975.05 County/City Ratio: 0.05520311  
County Medical Services Program Offset Ratio: 0.00000000

<b>Gross Claim</b>	\$	<b>4,912,081.76</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,912,081.76</b>
<b>YTD Amount:</b>	\$	<b>40,340,789.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>319,295.80</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>319,295.80</b>
<b>YTD Amount:</b>	\$	<b>2,622,238.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>109,800.20</b>
<b>County Medical Services Program Offset</b>	\$	<b>90,519.20</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,281.00</b>
<b>YTD Amount:</b>	\$	<b>185,657.29</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.03234150
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	2,877,810.55
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	2,877,810.55
YTD Amount:	\$	23,634,206.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>2,979,645.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,979,645.08</b>
<b>YTD Amount:</b>	\$	<b>24,470,526.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00176124
	County Medical Services Program Offset Ratio:	0.10000000	

<b>Gross Claim</b>	\$	<b>156,718.61</b>
<b>County Medical Services Program Offset</b>	\$	<b>108,601.10</b>
<b>Net Claim / Payment Amount</b>	\$	<b>48,117.51</b>
<b>YTD Amount:</b>	\$	<b>418,248.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>3,196,640.08</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,196,640.08</b>
<b>YTD Amount:</b>	\$	<b>26,252,616.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.06138058
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	5,461,765.24
<b>County Medical Services Program Offset</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	5,461,765.24
<b>YTD Amount:</b>	\$	44,855,103.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.06260937
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>5,571,105.40</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,571,105.40</b>
<b>YTD Amount:</b>	\$	<b>45,753,067.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	<b>\$132,724,083.53</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$88,981,975.05</b>	County/City Ratio:	<b>0.01414137</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,258,327.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,258,327.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,334,090.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00470869
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>418,988.54</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>418,988.54</b>
<b>YTD Amount:</b>	\$	<b>3,440,976.74</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,292,910.77</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,292,910.77</b>
<b>YTD Amount:</b>	\$	<b>10,618,112.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>772,344.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>772,344.86</b>
<b>YTD Amount:</b>	\$	<b>6,342,931.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.03493359
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>3,108,459.83</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,108,459.83</b>
<b>YTD Amount:</b>	\$	<b>25,528,432.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>523,794.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>523,794.18</b>
<b>YTD Amount:</b>	\$	<b>4,301,693.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>715,764.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>536,101.30</b>
<b>Net Claim / Payment Amount</b>	\$	<b>179,663.48</b>
<b>YTD Amount:</b>	\$	<b>1,589,455.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>25,454.18</b>
<b>County Medical Services Program Offset</b>	\$	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>11,865.38</b>
<b>YTD Amount:</b>	\$	<b>100,334.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00227385
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>202,331.66</b>
<b>County Medical Services Program Offset</b>	\$	<b>137,203.40</b>
<b>Net Claim / Payment Amount</b>	\$	<b>65,128.26</b>
<b>YTD Amount:</b>	\$	<b>564,028.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	1,020,050.21
County Medical Services Program Offset	\$	687,112.70
<u>Net Claim / Payment Amount</u>	\$	332,937.51
YTD Amount:	\$	2,880,326.40



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01854596
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	1,650,256.15
County Medical Services Program Offset	\$	1,318,335.90
<u>Net Claim / Payment Amount</u>	\$	331,920.25
YTD Amount:	\$	3,043,167.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,022,903.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,022,903.86</b>
<b>YTD Amount:</b>	\$	<b>8,400,663.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>399,163.35</b>
<b>County Medical Services Program Offset</b>	\$	<b>299,611.80</b>
<b>Net Claim / Payment Amount</b>	\$	<b>99,551.55</b>
<b>YTD Amount:</b>	\$	<b>881,260.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	268,846.58
County Medical Services Program Offset	\$	191,229.90
<u>Net Claim / Payment Amount</u>	\$	77,616.68
YTD Amount:	\$	678,082.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00127823
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	113,739.43
County Medical Services Program Offset	\$	61,149.70
<u>Net Claim / Payment Amount</u>	\$	52,589.73
YTD Amount:	\$	444,898.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>910,887.12</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>910,887.12</b>
<b>YTD Amount:</b>	\$	<b>7,480,720.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>208,249.86</b>
<b>County Medical Services Program Offset</b>	\$	<b>145,532.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>62,717.86</b>
<b>YTD Amount:</b>	\$	<b>546,013.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>1,207,386.63</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,207,386.63</b>
<b>YTD Amount:</b>	\$	<b>9,915,740.41</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	<b>\$132,724,083.53</b>	Percentage of collection:	<b>0.67042825</b>
Gross monthly apportionment:	<b>\$88,981,975.05</b>	County/City Ratio:	<b>0.00373362</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>332,224.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>332,224.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,728,418.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:		0.10000000

<b>Gross Claim</b>	\$	<b>325,756.78</b>
<b>County Medical Services Program Offset</b>	\$	<b>239,558.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,198.78</b>
<b>YTD Amount:</b>	\$	<b>758,836.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>109,682.74</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>109,682.74</b>
<b>YTD Amount:</b>	\$	<b>900,778.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00559311
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>497,685.97</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>497,685.97</b>
<b>YTD Amount:</b>	\$	<b>4,087,283.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000213A  
PAYMENT ISSUE DATE: 4/27/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 3/16/2011 TO: 4/15/2011

<u>Total amount collected:</u>	\$132,724,083.53	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$88,981,975.05	County/City Ratio:	0.00187638
	County Medical Services Program Offset Ratio:		0.00000000

<b>Gross Claim</b>	\$	<b>166,964.00</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>166,964.00</b>
<b>YTD Amount:</b>	\$	<b>1,371,196.17</b>